

CHSB

VPN User Application

Last Name: Farak First Name: Sonja
e-mail: Sonja.Farak@state.ma.us Work Phone: 413-545-2601
Address: Room N251, Morrill I, 637 N. Pleasant St. City: Amherst State: MA Zip: 01003
Vendor ☒ State Police ☐ CHSB Staff ☐ Gun Dealer ☐ Police Department ☐

Organization:
Drug Analysis Laboratory

Other Servers and/or Services not listed above:

System Configuration:

WinNT ☐ Win2K ☐ WinXP ☒ Win98/ME ☐ System RAM: _____

User Information:

IMPORTANT – Please follow the password guidelines below!

The password must be at least 8 characters long and contain both letters and numbers. The password must also contain **BOTH** lower case and capital letters. The password **IS case-sensitive**.

Password: XXXXXXXXXX

The following is to verify your identity. Examples would be a mother's maiden name, place of birth, etc.

Question: Mother's Maiden Name Answer: XXXXXXXXXX

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For CHSB use only:

IP Address: . . . Subnet Mask: . . .

Dial-up Info: Username: Password:

Cert Reference Number: Auth Code:

AUP Acceptance: Yes ☐ / No ☐

Approval: _____ Date: _____